

Application for Refund of Contributions

Instructions

If you have 10 years or more of creditable service, **STOP NOW** and read "Step 5: Loss of Pension Acknowledgement."

1. Note that this application CANNOT BE PROCESSED UNLESS all steps are completed and returned to PERF. It will be sent back to you if all steps are not completed.
2. Please TYPE or PRINT, using BLACK INK.
3. Print your name and social security number at the top of every page.
4. Complete all information on all four pages of the application and read the "Special Tax Notice" included at the end of this form.
5. Give page four, "Employer's Report of Separation from Employment," to your most recent employer. You may include the signed form with your application or ask your employer to return it to PERF. If this is not possible, PERF will contact your employer, but this will delay the refund process.
6. Please mail the completed form directly to PERF. Do NOT return the "Special Tax Notice." **Your employer may fax page four, but the originals of pages one through three must be mailed to PERF.**

A refund will not be allowed in cases of a transfer, promotion, or otherwise continued employment with your employer. Re-employment in a PERF-covered position with any other employer is also excluded.

STEP 1: Member Information (Please Print)

Social Security Number		Date (MM/DD/YYYY)	
First Name	MI	Last Name	
Address			
City		State	Zip Code
Daytime Phone		Evening Phone	
Email Address			

STEP 2: Reason for Refund (Please check only one)

☐ Separation from Employment

Separation from employment may only occur upon termination of employment.

☐ Disability Pending

Please attach a copy of your Social Security Pending Letter.

Note: A refund will not be allowed in cases of a transfer, promotion, or otherwise continued employment with your employer. Re-employment in a PERF-covered position with any other employer is also excluded.

Note: A disability refund may only be taken if a benefit award letter from the Social Security Administration has not been received. If one has been received, please complete an Application for Disability Benefits.

Member Name (Last, First, Middle Initial)

Social Security Number

STEP 3: Election for Annuity Savings Account Payment

Refunds from tax-deferred accounts, such as the Annuity Savings Account, have significant tax consequences. A Special Tax Notice appendix has been included at the end of this application to provide further information. You may also wish to seek reputable tax advice prior to making distribution decisions.

Choose a distribution option for BOTH the taxable and non-taxable portions of your Annuity Savings Account. This will avoid processing delays. Rollover checks will be issued in both the name of the financial institution that will receive the rollover and your name. Please ensure that the account you choose is qualified to receive rollover contributions. **The choice for payment of the Annuity Savings Account cannot be changed after this form is processed by PERF.**

1. Taxable Portion (In this section, mark ONE box only.)

☐ A. The entire Taxable Portion paid directly to me, less mandatory federal taxes withheld.

☐ B. Direct rollover of the entire Taxable Portion

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan or Traditional IRA.

☐ C. Partial Rollover in the amount of \$ _____. Balance of Taxable Portion (less withholding) paid to me.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan or Traditional IRA.

2. Non-Taxable Portion (In this section, mark ONE box only.)

☐ A. The entire Non-Taxable Portion paid directly to me.

☐ B. Direct rollover of the entire non-taxable portion.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan or Traditional IRA.

☐ C. Partial Rollover in the amount of \$ _____. Balance of Taxable Portion (less withholding) paid to me.

Name of Eligible 401(a), 403(b) or governmental 457(b) Retirement Plan or Traditional IRA.

STEP 4: Election for State Income Tax Withholding

Indiana income tax withholding for Indiana citizens is optional on payments from the Fund. If you are an Indiana resident and wish to have Indiana tax withheld at this time, withholding at the applicable Indiana tax rate of 3.4% will apply. Please check the following box if you would like to have Indiana income tax withheld from the taxable portion of your distribution. If you do not check the box, PERF will NOT withhold Indiana income tax from your Annuity Savings Account distribution.

☐ I am an Indiana resident and would like to have Indiana income tax withheld from the taxable portion of my distribution.

☐ I am not a resident of Indiana. (Please note that PERF does not withhold state income tax for individuals living outside of Indiana at the time of distribution.)



Member Name (Last, First, Middle Initial)	Social Security Number
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STEP 5: Loss of Pension Acknowledgement

I agree that if I have ten (10) years or more of creditable service, the following applies:

I understand that by signing this Application for Refund of Contributions, **I give up my rights to a pension benefit from PERF and lose my creditable service earned to date.** By signing below, I agree that PERF holds no liability in honoring my request for a refund of my contributions and accrued interest.

STEP 6: Member Affidavit and Notarization

You must sign this section in front of a Notary Public and then the Notary Public must sign, date and seal it.

I have carefully read the form and understand it, and I have read all of the information included with the application.

All of the information I have provided and the questions I have answered are full, complete and true, and no material fact has been concealed or omitted.

I understand that I am not allowed, by law, to enter a PERF-covered position with any employer within thirty (30) days of this termination date. In addition, I am not continuing uninterrupted employment in any capacity (full or part time) in a PERF-covered or non-covered position in any department of my current employer. If I fail to meet either of these conditions, I will be required to return all funds I receive to PERF.

Pursuant to IC 5-10.2-3-5 and IC 5-10.2-3-6, I hereby suspend my membership in the Fund and request a refund of my contributions plus interest credited to me. I understand fully that once this claim has been processed by PERF and I have received a refund check or warrant, this transaction may not be voided by a return check, warrant or money order.

Please
sign
here 

Member Signature

Printed Name

Subscribed and sworn to before me, a Notary Public in and for the state and county named:

On this date _____
MM/DD/YYYY

State of _____

County of _____

Commission Expiration Date (MM/DD/YYYY)

Notary Signature and Seal

Notary's County of Residence

Notary's State of Residence

Notary's Name (please print)



Application for
Refund of Contributions

143 W. Market Street
1-888-526-1687

Indianapolis, IN 46204
www.perf.in.gov

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Employer's Report of Separation from Employment

First Name	MI	Last Name	Social Security Number
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Last Day in Pay Status

Federal law prohibits the Public Employees' Retirement Fund (PERF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or reemployment that is a continuation of employment will prevent PERF from making distributions to the employee from the Fund.

The last day in pay status is needed to process this member's benefit. Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status and the last check date are typically different.

The last day in pay status (MM/DD/YYYY): _____

The last check date, if known (MM/DD/YYYY): _____

Did the employer-employee relationship extend beyond the last day in pay status? ☐ Yes ☐ No

If the relationship continued, please explain: _____

School Employers Only

Please indicate the type of school service being reported. Be sure to check the appropriate box below indicating whether the employee should receive full credit, contract credit or credit for time worked. Members who were hired after the beginning of the school year or terminated before the end of the school year cannot earn a full year of service unless they were under a specific contract that kept them from working the entire school term.

☐ School Year Credit (full year) ☐ Contract Year Credit (full year) ☐ Service Credit for Time Worked (partial year)

Authorization to be Signed by Authorized Agent

I certify that the above information is true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that any error in this certification of service can only be corrected prior to the processing of the member's benefit application.

Signature of Authorized Agent	Printed Name of Authorized Agent
Title of Authorized Agent	Date
Name of Employer	Employer Account Number

Upon completion, please return to PERF: 143 West Market Street, Indianapolis, IN 46204.
You may also fax page four (only) to: 317-234-1226. If you fax this page, PERF does not need the hard copy.